MENTALLY ILL OFFENDER CRIME REDUCTION GRANT (MIOCRG) PROGRAM
Program Evaluation Survey

This survey will become part of your county's MIOCRG contract with the Board of Corrections.

1. **Key Research Contacts:**

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2. **Program Name:**
   Grant recipients have found it useful to pick a name that helps them to create a Program identity. Two examples are the IMPACT (Immediate Mental Health Processing, Assessment, Coordination and Treatment) project and the Connections Program. Indicate the name you will use to refer to your program.

   Response: **Forensic Resource Team (FOREST) Project**

3. **Research Design:**

   a. Check (✓) the statement below that best describes your research design. If you find that you need to check more than one statement (e.g., true experimental <u>and</u> quasi-experimental), you are using more than one research design and <u>you will need to complete a separate copy of the survey for each design</u>. Also, check the statements that describe the comparisons you will make as part of your research design.

Research Design (Check One)
☒ True experimental with random assignment to enhanced treatment and treatment-as-usual groups
☐ Quasi-experimental with matched contemporaneous enhanced treatment and treatment-as-usual groups
☐ Quasi-experimental with matched historical group
☐ Quasi-experimental interrupted time series design
☐ Quasi-experimental regression-discontinuity design
☐ Quasi-experimental cohort design
☐ Other (Specify)
Comparisons (Check all that apply)
☐ Post-Program, single comparison between enhanced treatment and treatment-as-usual groups
☐ Post-Program, repeated comparisons (e.g., 6 and 12 months after program separation) between and within enhanced treatment and treatment-as-usual groups
☐ Pre-Post assessment with single post-program comparison between enhanced treatment and treatment-as-usual groups
☐ Pre-Post assessment with repeated post-program comparisons (e.g., 6 and 12 months after program separation) between and within enhanced treatment and treatment-as-usual groups
☒ Pre-Post assessment with repeated pre and post program comparisons between and within enhanced treatment and treatment-as-usual groups
☐ Other (Specify)

b. If you are using a historical comparison group, describe how you will control for period and cohort effects.

Response: **N/A**

4. **Target Population:**
Please identify the population to which you plan to generalize the results of your research. Describe the criteria individuals must meet to participate in the enhanced treatment and treatment-as-usual groups (e.g., diagnosis, criminal history, residency, etc.). Also, please describe any standardized instruments or procedures that will be used to determine eligibility for program participation and the eligibility criteria associated with each instrument.

Response: **The target population are those defined in the Welfare and Institutions Code 5600.3(b). These are adults who have a serious mental disorder that may cause behavioral functioning which interferes substantially with primary activities of daily living. It excludes a developmental disorder, substance use disorder, or acquired traumatic brain injury unless that person also as a serious mental disorder. Inmates who have a history of violence, serious felonies, parole/felony probation holds, and anyone that represents a potential threat to public safety as their current offense will be excluded from the project. While standardized instruments will be used to identify changes in behavior and life circumstances, they will not be used to determine project eligibility.**

5. **Enhanced Treatment Group**:
a. Indicate the process by which research subjects will be selected into the pool **from which** participants in the enhanced treatment group will be chosen. For example, this process might include referrals by a judge or district attorney, or selection based on the administration of a mental health assessment instrument.

Response: **This research design will rely on a random assignment of subjects from within the target population to either the enhanced treatment group or the treatment-as-usual group. They will be initially screened by the FOREST Jail/Intake Team, made up of staff from Probation, Butte County Behavioral Health, and the jail. Referral to the Jail/Intake Team will be made through a referral form available at booking and at the contracted medical services unit. Others who may refer an inmate for mental health screening are correctional staff, the arresting officer, family, agency staff, and the inmate.**

b. Indicate exactly how the enhanced treatment group will be formed. For example, it may result from randomized selection from the pool described in 5a above. Or, if the group size is small, a matching process may be required to achieve equivalence between the enhanced treatment and treatment-as-usual groups. In the case of a quasi-experimental design, the group may be a naturally occurring group. Please describe the origins of this group in detail, including an identification and description of matching variables, if used. If a quasi-experiment is planned, please describe the origins and nature of naturally occurring enhanced treatment groups.

Response: **The enhanced treatment group will be formed through random assignment based on pre-qualification screening and a process of alternating voluntary assignment to either the enhanced treatment group or the treatment-as-usual grou,p relative to the cleint's booking date. Eligible clients will be asked to participate in the study, whereby the requirements and services to be afforded within each cohort will be disclosed. The extra service elements planned for the enhanced treatment group will be explained along with the data collection requirements and incentives.**

6. **Treatment-as-Usual (Comparison) Group:**
   a. Indicate the process by which research subjects will be selected into the pool **from which** participants in the treatment-as-usual group will be chosen.

      Response: **This research design will rely on a random assignment of subjects from within the target population to either the enhanced treatment group or the treatment-as-usual group. They will be initially screened by the FOREST Jail/Intake Team, made up of staff from Probation, BCBH, and the jail. Referral to the Jail/Intake Team will be made through a referral form available at booking and the contracted medical services unit. Others who may refer an inmate for mental health screening are correctional staff, the arresting officer, family, agency staff, and the inmate.**

   b. Indicate exactly how the treatment-as-usual group will be formed. For example, if a true experiment is planned, the treatment-as-usual group may result from randomized selection from the subject pool described in 5a above. Or, if the group size is small, a matching process may be required in an attempt to achieve treatment-control group equivalence. If a quasi-experimental design is planned, the group may be a naturally occurring group. Please describe the treatment-as-usual group in detail, including an identification and description of matching variables, if used. If a quasi-experiment is planned, please describe the origins and nature of naturally occurring comparison groups.

      Response: **The treatment-as-usual-group will be formed through random assignment based on pre-qualification screening and a process of alternating voluntary assignment to either the treatment-as-usual group or the enhanced treatment group relative to the cleint's booking date. Eligible clients will be asked to participate in the study, whereby the requirements and services to be afforded within each cohort will be disclosed. The treatment-as-usual service elements available to the treatment-as-usual group will be explained, the data collection requirements, and incentives.**

7. **Historical Comparison Group Designs (only):**
   If you are using a historical group design in which an historical group is compared to a contemporary group, please describe how you plan to achieve comparability between the two groups.

   Response: **N/A**

8. **Sample Size**:

This refers to the number of individuals who will constitute the enhanced treatment and treatment-as-usual samples. Of course, in any applied research program, subjects drop out for various reasons (e.g., moving out of the county, failure to complete the program). In addition, there may be offenders who participate in the program yet not be part of the research sample (e.g., they may not meet one or more of the criteria for participation in the research or they may enter into the program too late for you to conduct the follow-up research you may be including as part of the evaluation component). Using the table below, indicate the number of individuals that you anticipate will complete the enhanced treatment or treatment-as-usual interventions. This also will be the number of individuals that you will be including in your statistical hypothesis testing to evaluate the program outcomes. Provide a breakdown of the sample sizes for each of the three program years, as well as the total program. Under Unit of Analysis, check the box that best describes the unit of analysis you will be using in your design.

Sample Sizes (Write the expected number in each group)		
Program Year	Treatment Group	Comparison Group
First Year	30	30
Second Year	45	45
Third Year		
Total	75	75
Unit of Analysis (Check one)		

☒	Individual Offender
☐	Geographic Area
☐	Other:

9. **Enhanced Treatment Group Interventions**:
   Describe the interventions that will be administered to the enhanced treatment group. Please indicate of what the interventions will consist, who will administer them, how they will be administered, and how their administration will be both measured and monitored.

   Response: **Three teams will inter-relate to implement the unique programmatic aspects for the enhanced treatment group: (a) The Jail/Intake Team (described above) assesses and monitors mentally ill offenders during incarceration, coordinate release/discharge planning with the Community Treatment Team (see below), and maintains the data flow for the research project. The Jail/Intake Team, including the forensic coordinator, will meet to develop a discharge and service plan for enhanced treatment clients. (b) The MIOCR Court Team, the second team, is modeled after the successful Drug Court, in which the Judge actively participates in post-custody treatment planning and implementation. After sentencing through the criminal court, regular appearance in the weekly MIOCR Court will be mandatory. Participants will go through three phases, each phase reflecting progress and development of responsibility and independence. During Phase I they appear weekly before the judge, Phase II will be bi-weekly to monthly, and Phase III monthly to quarterly. The judge becomes part of the treatment team, issuing warnings, sanctions, cautions, encouragements, congratulations, and possibly a remand to custody. Incentives for progress through the phases will be issued by the judge, including beverage mugs, shirts, gift certificates, and especially praise.**

   (c) The Community Treatment Team, the third team, provides enhanced countywide services specific to mentally ill offenders, including clinical treatment, substance abuse counseling and treatment, and case management. It will be composed of case managers, clinicians, probation officers, and deputy sheriffs as well as a housing/employment specialist; team members will utilize existing services and maximize current resources by drawing on the expertise of various disciplines such as mental health, health care, housing, employment, social-recreational activities, and law enforcement, to create a comprehensive continuum of responses. The team will be responsible for stabilizing the target population and providing intensive treatment services after their release from jail.

10. **Treatment-as-Usual Group Interventions**:
    Describe the interventions that will be administered to the treatment-as-usual group. Please indicate of what the interventions will consist, who will administer them, how they will be administered, and how their administration will be both measured and monitored.

    Response: **The treatment-as-usual group will receive a range of interventions currently available to all mentally ill persons in Butte County. Absent will be a service integration and intervetion plans, case managed serivces, MIOCR Court, and immediate mobile responses. The treatment-as-usual group will be eligible to receive independnelty offered services available through public and private agency sources.**

11. **Treatments and Outcomes (Effects):**

Please identify and describe the outcomes (treatment effects) you hypothesize in your research. Indicate in the table below your hypothesized treatment effects (i.e., your dependent variables), their operationalization, and their measurement. Also indicate the treatment effect's hypothesized cause (i.e., treatments/independent variables) and the hypothesized direction of the relationship between independent and dependent variables.

Independent Variables (treatment)	Dependent Variables (hypothesized outcomes)	Operationalization of Dependent Variables	Method of Measuring Dependent Variable	Hypothesized Relationship Between Ind & Dep Variables (+ or -)
Comprehensive case managed treatment	Improvements in symptoms and functioning	Independent living (e.g., housing, employment, self-sufficiency)	Behavior and Symptom Identification Scale (BASIS-32);	+
Drug and alcohol counseling for addicted persons	Reduction in substance abuse usage	Reduction in psychology dependency and usage	Addiction Severity Index Lite (ASI)	-
Comprehensive case managed treatment	Reduction in recidivism	Fewer arrests and incarcerations	Review of client case records	-
Comprehensive case managed treatment	Increased satisfation with services	Clients feels involved and respected, and is a partner in treatment	Mental Health Statistical Improvement Program (MHSIP) Consumer survey	+
Comprehensive case managed treatment	Improvements in symptoms and functioning	Independent living (e.g., housing, employment, self-sufficiency)	Improved qualify of life as measured by the Quality of Life Indicator – Short Form Scale (QL-SF)	+

12. Statistical Analyses:

Based on the table in #11 above, formulate your hypotheses and determine the statistical test(s) you will use to test each hypothesis. Enter these into the following table.

Statements of Hypotheses	Statistical Test(s)
1. There will be substantial improvements in symptoms and functioning for participants in the expanded treatment group over those in the treatment-as-usual group based on lower scores on the Behavior and Symptom Identification Scale (BASIS-32)	paired t-tests; correlational analysis; regression analysis
2. There will be reductions in substance abuse problems and improved social functioning for participants in the expanded treatment group over those in the treatment-as-usual group as determined by lower composite scores on the ASI Lite	paired t-tests; correlational analysis; regression analysis
3. Reductions in recidivism among mentally ill offenders will be greater in the expanded treatment group over those in the treatment-as-usal group	correlational analysis
4. There will be increased satisfaction with services for participants in the expanded treatment group over those in the treatment-as-usual group as shown by the Mental Health Statistical Improvement Program (MHSIP) Consumer survey.	paired t-tests; correlational analysis; regression analysis
5. There will be improved perceptions of the qualify of their lives for participants in the expanded treatmetn group over these in the treatment-as-usual as measured by the Quality of Life Indicator – Short Form Scale (QL-SF)	paired t-tests; correlational analysis; regression analysis
6.	
7.	
8.	
9.	
10.	

13. Cost/Benefit Analysis:

Please indicate whether you will be conducting a Program cost/benefit analysis of the program (optional).

Cost/Benefit Analysis	
☒ Yes	☐ No

If you will conduct a cost/benefit analysis, describe what it will focus on and how it will be performed.

Response: **Cost-benefit analsyis refers to the evaluation of alternatives according to a comparison of both their costs and benefits when each is measured in monetary terms. For the purpose of this analysis, a randomly selected subgroup of those in the expanded treatment group and the treatment-as-usual group will be establsihed whereby an assessment will performed to determine estimates of service value and estimates of benefits derived from services, or lack therefore (e.g., reductions in recidivistic behaivors, employment, and range and depth of long-term utilzation of services).**

14. Process Evaluation:

How will the process evaluation be performed? That is, how will you determine that the program has been implemented as planned and expressed in your proposal? Please include a description of how will you will record and document deviations of implementation from the original proposal. Also, please identify who will conduct this evaluation and who will document the results of the evaluation.

Response: **The evaluator will be responsible for process evaluation. He will attend planning and project implmentation meetings and will be versed the the project's original design.   Notes of each session will be maintained and deviations from the service intervention plan will be recorded with a written explanation of the reasons why. At periodic intervals, staff will participate in a SWOT analysis facilitated by the evaluator where they will be asked to identify the project's programmatic Strengths, Weaknesses, Opportunities, and Threats, thus helping all to assess the project's trajectory relative to the original ideas.**

15. **Program Completion:**
What criteria will be used to determine when research participants have received the full measure of their treatment? For instance, will the program run for a specified amount of time irrespective of the participants' improvement or lack thereof? If so, how long? Alternatively, will completion be determined when participants have achieved a particular outcome? If so, what will that outcome be and how will it be measured (e.g., decreased risk as measured by a "level of functioning" instrument)?

Response: **The Community Treatment Team in conjunction with the MIOCR Court will determine when the participant should no longer receive the full measure of treatment. At that time, which can be 12 to 18 months or longer, her or she will no longer be considered part of the program. It is anticipated that full capacity will be achieved with 24 months of operation, thus allowing time for participants to received services within the project's funded framework.**

16. **Participant Losses:**
For what reasons might participants be terminated from the program and be deemed to have failed to complete the program? Will you continue to track the outcome measures (i.e., dependent variables) of those who leave, drop out, fail, or are terminated from the program? For how long will you track these outcome measures?

Response: **Participants can terminated for commiting a violent act, a serious felony, or otherwise represents a potential threat to public safety. Outcomes will not continue to be tracked since participants will likely be incarcerated or institutionalized for a lengthy period of time, though data obtained until the point of termination may be used, as appropriate, in analysis and findings.**